



Book of Abstracts: [WG] Communication and HIV-AIDS

Exploring Intersections between Gender Norms and HIV/AIDS Vulnerabilities in Northern Mozambique

Sarah Bandali – London School of Hygiene and Tropical Medicine, Canada · sarah.bandali@lshtm.ac.uk

A vast array of literature points to gender equality as a key variable which needs to be in place in order to adequately tackle the fight against HIV/AIDS. Although linkages between gender inequalities and increased HIV/AIDS vulnerability exist, there are very few studies if any, which examine interactions between gender equitable norms and HIV/AIDS protection. To gain further insight into this, the research study explored the mechanisms through which gender equitable practices and attitudes influenced reductions in HIV/AIDS risk among men and women in rural Mozambique. A total of 24 gender separate and mixed aged group discussions were held to understand prevailing HIV/AIDS knowledge levels, behaviours and gender norms in the study population. It was evident from the group sessions that there were low levels of HIV/AIDS knowledge particularly among women, a general lack of preventative behaviour being practiced and stark differences in access to opportunities between men and women. The groups were used as a mechanism to identify men and women who are already taking measures to reduce their HIV/AIDS risk or who held gender equitable views for further in-depth interviews. Interviews were conducted with 30 individuals to better understand how gender views interfaced with HIV/AIDS protection, the factors influencing the decision to engage in protective strategies, and whether there were differences in strategies used by men and women to protect themselves from HIV/AIDS.

The findings are based on two key social situations where HIV/AIDS risk was deemed high by participants and where the interplay of gender norms between men and women could be analyzed in greater detail: 1) the exchange of sex for money and 2) partner selection in pursuit of casual or long-term relationships. The findings demonstrated the move towards more gender equitable relationships and norms, while essential for reducing HIV/AIDS disparities in prevalence rates and risk, is not a precondition for the employment of HIV/AIDS protective strategies. Individuals in the research setting were working within existing and often harmful gender norms to help mitigate their HIV/AIDS risk, although when this failed, there were a few men and women who confronted gender norms where necessary to protect their health status. In some cases, more empowering gender norms put individuals at greater risk of HIV/AIDS, while abidance to socially accepted gender scripts helped men and women to reduce their risk. Men and women who actively take measures to protect themselves from HIV/AIDS do so in a context of often repressive gender norms, however, the decision to engage in preventative behaviour is often also based on other factors including an accurate assessment of risk, various level of influence from family or peers, prior experience and a reflection of broader personal outcomes. Efforts should continue to promote gender equality in its own right as well as to help reduce HIV/AIDS risk among men and women. Programmes should simultaneously build on local gender dynamics and norms and incorporate strategies already being used by men and women to reduce HIV/AIDS risk into interventions and policies.

Framing AIDS: Comparing Efficacy and Agency Frames in HIV-AIDS Coverage in Four Anglophone African Newspapers, 2002-2008

Paul D'Angelo — The College of New Jersey, United States · dangelo@tcnj.edu

John Pollock — The College of New Jersey, United States · pollock@tcnj.edu

The incidence of people infected with the AIDS virus continues to occur at epidemic levels in various parts of the world. Since the first incidences of AIDS were reported in the early 1980s, it has been estimated that over 40 million people worldwide have been infected, with 80% of AIDS deaths occurring in sub-Saharan African countries (UNAIDS, 2004). Scholarship has tracked the amount, tone, and themes of AIDS coverage, particularly in the Western news media. Beginning with agenda-setting studies and moving into work designed to uncover themes and frames of content, this work is based on the normative position the news media play a vital role in elevating audience awareness of the problem, and in provoking official responses that could help to ameliorate the problem. Writing at the 25th anniversary of the outbreak of the AIDS epidemic, Swain (2005) reported that the disease was accorded spates of episodic news coverage throughout the 1980s. "Episodic coverage promoted the notion that those who have AIDS were responsible for their own illness," stated Swain (p. 259), affirming that notion that understanding how AIDS has been covered is not merely a matter of tracking the number of stories published during a given period of time, but is, rather, a matter of discerning frames of reference about the disease found in that coverage. Amidst an overall decrease in AIDS coverage since the late 1990s (Brodie, Hamel, Kates, Altman, & Drew, 2004), and, in turn, amidst a decline in research into AIDS media representations (see Bardhan, 2001), this study undertakes an analysis of the topics and frames in coverage of AIDS in Anglophone African newspapers, an especially ignored research site. Our research questions are: (a) What are the topics by which AIDS is covered? (b) What frames (re: agency [who is taking action to remedy AIDS?]) and/or efficacy [re: are the remedies effective?] do journalists use in covering these topics? and (c) What role do political factors (re: media systems based upon press/state relations) and structural factors (re: prevalence of AIDS, high or low) play in shaping how journalists frame topical coverage of AIDS? Our main argument is this: whereas analysis of topics and frames provides an important empirical snapshot of the how AIDS is covered in African newspapers, only in light of political and structural factors do we get a fuller perspective of these empirical patterns, and a more suitable basis from which to make normative judgments about press coverage of AIDS. Four newspapers were selected for analysis: *The Nation* (Kenya), *The Herald* (Zimbabwe), *This Day* (Nigeria), and *The Johannesburg Star* (South Africa). These newspapers were selected based upon the following theoretical approach. First, based upon Hallin and Mancini (2004, we formulated a typology of press-state relations for sub-Saharan African counties) and found that only one of their three models, the Mediterranean/polarized pluralist model, properly characterized sub-Saharan African counties. Second, we specified this model into three models in order to account for differences among these countries, namely: (a) participatory pluralist (re: Nigeria and South African, in our study), (b) hegemonic (re: Kenya and Zimbabwe, in our study), and (c) instrumental (re: countries such as Ghana and Zambia, but not included in this analysis). Finally, given our interest in the role structural conditions play in journalistic framing of AIDS, we grouped the four countries based upon AIDS prevalence. Based upon 2003 estimates, Kenya and Nigeria had the lowest prevalence of AIDS cases in sub-Saharan African countries, while Zimbabwe and South African had the highest prevalence. Therefore, empirical analysis of topics and frames in AIDS coverage was set within the following two-by-two table: (a) Kenya (low AIDS prevalence, hegemonic), (b) Nigeria (low AIDS prevalence, participatory pluralist), (c) Zimbabwe (high AIDS prevalence, hegemonic), and (d) South Africa (high AIDS prevalence, participatory pluralist). Utilizing new databases (e.g., AllAfrica.com) in order to locate relevant news stories from 2002-2008 time period, we drew a 20% sample of the population of stories from each of newspaper (n = 118 for *The Nation*; n = 119 for *This Day*; n = 56 for *The Herald*; n = 100 for *The Johannesburg Star*). Although the preponderance of stories for all newspapers combined were coded as "hard news" (n = 333, or 84.7%), we included the remaining stories, which were editorials, in the analysis due to a determination that these stories contained enough reporting to qualify as news accounts. Regarding our first question—what are the topics by which AIDS is covered?—we found that three topics predominated the coverage: (a) 55.2% of stories across all four newspapers had either primary or secondary emphasis on social costs (re: implications, positive or negative, for family or other groups), (b) 52.4% of stories had either primary or secondary emphasis on prevention (re:

methods or education programs designed to prevent AIDS), and (c) 38.9 of stories had either primary or secondary emphasis on medical issues (re: scientific discoveries of cause or cure). For only one of these topics—prevention—did analysis of means (one-way ANOVA) indicate a difference among countries: Kenya (a low prevalence, hegemonic country) had less prevention coverage than the other three newspapers. Regarding our second question—what frames (agency or efficacy, or both) do journalists use in covering these topics?—we found the following: (a) only for the topic of social costs did framing differ (re: for all countries combined, when social cost was the primary focus of a story, it was framed in terms of “society action”, not governmental action, as the best agent to ameliorate the problem); (b) the topics of prevention and social costs exhibited differences in efficacy framing; specifically, when the topic was prevention, the “progress” frame was more likely than the “decline” frame to be present; when the topic was social costs, the “decline” frame was more likely than the “progress” frame to be present. Regarding our third question—what role do political factors (re: media systems based upon press/state relations) and structural factors (re: prevalence of AIDS, high or low) play in shaping how journalists frame topical coverage of AIDS?—we found that, in participatory pluralist systems, different structural circumstances (in this case, variations in AIDS prevalence) are mirrored in variations in the framing of AIDS. Specifically, higher levels of AIDS prevalence are linked to higher proportions of articles emphasizing a “decline” frame compared to countries with lower levels of AIDS prevalence. Similarly, in participatory pluralist systems, higher levels of AIDS prevalence are associated with higher proportions of articles emphasizing (or leaving it to) “society activity” regarding AIDS, in contrast with more emphasis on “government activity” fighting AIDS in countries with lower levels of AIDS prevalence. These patterns were not observed in coverage from countries with hegemonic press-state systems. In hegemonic press-state system countries, as in participatory pluralist countries, most efficacy stories emphasize “progress” against AIDS, and most agency stories emphasize (or leave it to) “society” as a main locus of activity to address AIDS. Nevertheless, in hegemonic countries, high and low AIDS prevalence are not associated with any significant variation in reporting on either efficacy (progress/decline) or agency (government or society activity) regarding AIDS. In conclusion, we infer that media systems based upon press/state relations can make a difference in AIDS coverage. Level of AIDS prevalence in participatory pluralist systems appears reflected in reporting on the topics. By contrast, variation in AIDS levels is not mirrored by variation in AIDS coverage in hegemonic countries. As a result, it is reasonable to speculate that the surveillance needs of people living in countries with a hegemonic press-state system are inadequately served. In addition, governments in hegemonic countries with high prevalence of AIDS may be able evade responsibility for enabling solutions to the epidemic because the press in those countries appears unable to frame AIDS as a problem that can be addressed efficaciously by either government or society agents. References Bardhan, N. (2001). Transnational AIDS-HIV news narratives: A critical exploration of overarching frames. *Mass Communication & Society*, 4, 283-309. Brodie, M., Hamek, E. B., Kates, L. A., Altman, J., & Drew, E. (2004). AIDS at 21: Media coverage of the HIV epidemic 1981-2002. *Columbia Journalism Review*, 42(6), A1-A8. Hallin, D. C., & Mancini, P. (2004). *Comparing media systems: Three models of media and politics*. Cambridge University Press. Swain, K. A. (2005). Approaching the quarter-century mark: AIDS coverage and research decline as infection spreads. *Critical Studies in Media Communication*, 22(5), 258-262. UNAIDS (2004). AIDS epidemic update: December 2004. Geneva: World Health Organization Joint Programme on HIV/AIDS. Available at: http://www.unaids.org/wad2004/EPI_1204_pdf_en/Epiupdate04_en.pdf

Aids in Brazilian journalistic routines: an contemporary approach

Bruno Leal — Universidade Federal de Minas Gerais, Brazil · brunosleal@gmail.com

Carlos Carvalho — Universidade Federal de Ouro Preto, Brazil · caco5@uol.com.br

Almost three decades after the start of its boom in mass media news coverage, AIDS continues to challenge journalists, scientists and researchers from different areas, alongside social movements and governments all over the world. The challenges are not limited to produce knowledge that can lead to more potent drugs in limiting the action of HIV on the human body, while a vaccine is still a far-fetched promise. They also involve two broad fronts, including both the direct action of the media: prevention campaigns and other ways of combating

the spread of HIV and overcoming prejudices still remnants of the time believed to be AIDS incidence "exclusive" in homosexual men, prostitutes, drug users and hemophiliacs. The news coverage on HIV / AIDS, therefore, must deal with the complexity of issues related to the syndrome, such as those listed above and others such as the roles, conflicts and interests of different sources of information, whether they were from the State, social movements, the medical community, large corporations, etc. Coming to the attention of large sectors of the medical-scientific community as well other social actors (Camargo Jr, 1994, Loyola 1994; Pollak, 1990; Sontag, 1989) AIDS also was taken into consideration by researchers seeking to understand the ways in which media, especially news, dealt with the emergence and evolution of the syndrome (Carvalho, 2009; Traquina, 2005; Fausto Neto, 1999). While varying in the theoretical and methodological aspects, some of these researchers shared some common findings, such as the most frequent social voices present in the news and a significant difficulty to deal with the controversial theme of prejudice. Therefore, as a theme, AIDS challenges the typical journalistic routines (Ponte, 2005; Alsina, 1989; Tuchman, 1979). What is presented here is part of the results obtained through research sponsored by Brazilian Health Ministry, through the it National Program against AIDS, which it is supported by the United Nations Office on Drugs and Crime. This research was held by the Federal University of Minas Gerais' Núcleo de Direitos Humanos e Cidadania LGBT (Center of Human Rights and LGBT Citizenship) – NUH. In order to grasp contemporary features of the complex relationship news media/AIDS, among other aims, Brazil's most important newspapers, magazine and tv news program were monitored in the period between February 18 and August 17, 2008 As general methodological orientation, the research adopted a combination of a quantitative instrument, aimed at producing data which could be statistically treated, with a qualitative approach dedicated to identify the linguistic and narrative features presented by the news and the vehicles selected. Also as part of the methodology, were constructed categories of content analysis (Bauer, 2004; Casetti and Chio, 1999), covering specific and common characteristics of different print and electronic texts, always with a view to identifying the contemporary most obvious treatment given by vehicles to the problem of HIV / AIDS, as well as the themes relating to homophobia (Borillo, 2001). By the nature of synthesis that guides the discussions contained herein, we shall not dwell on the previous explanation of each category of analysis. They are outlined in the descriptions of results that follow, presented in the form of considerations about all the news stories, stopping on a specific vehicle only when it is necessary to stress significant behaviors.

The interplay of risk and gender discourses in news coverage of HIV/AIDS

Maria Pinto-Coelho – Communication and Society Research Center, University of Minho, Portugal · zara@ics.uminho.pt

Gender inequalities and its ideologies represent a huge problem for prevention and care in the field of HIV/AIDS, as many feminists and practitioners have been pointing out in different countries all over the years (e.g. Gupta, 2000; Mane and Aggleton, 2001). But the public visibility of this political dimension of the epidemic is still very low. In this context, it is important to keep on the business of interrogating media discourse on HIV/AIDS, even though we are far away from the "media panics" era (e.g. Watney, 1987). Being away from the heart of media agenda and falling into newspapers routine, coming back now and then, due to one more medical discovery or another social disrupt, does not reduce the need of a better understanding of the way newspapers discourse positioned women in relation with HIV/AIDS. Especially in Portugal where this subject keeps on being (strangely) low in the agendas of public institutions and of feminist movements. Focusing on HIV/AIDS newspaper discourse, we want to show what kinds of discourses are drawn upon in the production of texts about this issue. Specifically, we want to show the relations between linguistic and visual constructions of HIV/AIDS, and between the positions assigned to women and men. We do this study using a social semiotic approach (Kress & van Leeuwen, 1996) articulated with Critical Discourse Analysis (e.g. Lupton, 1993; Fairclough, 1995; van Dijk, 1998), and from a feminist perspective (e.g. Treichler, 1987; Richardson, 1996). Covering the period between 2007 and 2008 of 12 Portuguese newspapers, and building on a previous detailed discourse analysis of this corpus, we analyse the articulation between two elements: headlines and images subtitles (e.g. topics, grammar) and images (representational, interactive and compositional structures). The coverage gives preference to the

medicalised, somatic and internalised discourse on HIV as a sexually transmitted disease of abject identities, but applied to heterosexuality. It focus on women, either women with HIV/AIDS, or women “in risk”, although the first ones get the most attention. The bodies and behaviours of heterosexual women are under public scrutiny, and men remain in the position of “the clean” (Waldbly, 1996). Although news is the predominant genre, the photos that go with them are not only narrative, and their role goes beyond the mere illustration. The writing may carry one set of meanings and the images another. In spite of the contradictory nature of representations, the ideological coherence of this discourse is evident: women and men are given asymmetrical positions. The analysis also showed that newspaper readers are positioned as detached from the “destiny” of these women. The use of visual essentialization, together with linguistic and visual somatisation, is crucial on this process. We show that the discourses used in HV/AIDS coverage during this period are the risk discourse, as used by the Public Health (Lupton, 1995), and a conservative gender discourse. References Mane, D; Aggleton, P. (2001) “Gender and HVI/AIDS: What Do Men have to Do with it?”. *Current Sociology*, Vol. 49 (6): 23-37. Fairclough, N. (1995) *Media Discourse*, London: Arnold. Kress, G. and van Leeuwen, T. (1996), *Reading Images: The Grammar of Visual Design*, London: Routledge. Lupton, D. (1993) “AIDS Risk and Heterosexuality in the Australian Press”, *Discourse & Society* 4 (3): 307-328. Lupton, D. (1995) *The Imperative of Health: Public Health and the Regulated Body*, Sage: Thousand Oaks and New Delhi Treichler, P. (1987) “Homophobia and Biomedical Discourse: An Epidemic of Signification”, *Cultural Studies* 1, (3): 263-305. Rao Gupta, G. (2000) *Gender, Sexuality and HIV/AIDS: The What, the Why and the How*. Washington, DC: International Centre for Research on Women. Richardson, (1996) “Contradictions in Discourse: Gender, Sexuality and HIV/AIDS”. In Jannet Holland & Lisa Adkins (Eds) *Sex, Sensibility and Gendered Body*, London: Macmillan Press. Van Dijk, T. (1998) *Ideology*, London: Sage.

THE QUESTION OF TRUST (When the call is for beautiful national leaders who communicate beautifully on HIV/AIDS)

Colin Chasi— Monash South Africa, South Africa · colin.chasi@arts.monash.edu

The international call is for the emergence of beautiful national leaders who communicate beautifully about HIV/AIDS in ways that lead to amelioration of the epidemic. The dominant assumption is that such national leaders will be trusted in ways that make their communication efficacious towards the good. But where national leaders are given trust over distrusted masses, ill-health, death and destruction are arguably predictable products. Accordingly, the call of this paper is to the freedom of each individual, away from the bondage of tutelage, towards the democratic possibility of productive interaction. The assumptions of this paper are that: 1. to act productively requires trust in oneself and trust in those things and those people with whom one has to do. 2. where individuals are questioned and denied, trust is undermined as the growth of maturity of individuals is undermined, with the consequence that productivity and its development and good health are undermined. 3. the freedom of democracy enables actions and decisions to be made in ways that express the initiative and social effectiveness of individuals. In this sense, democracy may be seen as a method towards fostering the trust by which each individual may be recognized in ways that enable free (and embodied) agentic interaction that is productive of the good. 4. Without denying the evident need for communication on HIV/AIDS, there is nothing safe in communicating or otherwise leading how another must cross the narrow bridge of life. Where enfranchised men and women are slighted as easily led, democracy stands little chance. Tame herds of people have little chance in the storm of time when checks, balances and the requisite variety are thrown away. The original genius of democracy is that it is characterized by checks, balances and requisite variety by which the society of humanity may culture ways to go on in crisis prone natural worlds in which humans can never be at home, but must establish homes. By this genius, democracies are less likely to experience famines and epidemics. It is difficult to imagine 1. life flowing eternal out of the empty shell that remains of a democracy of herded people. 2. democracy in situations where leadership is able to direct sex, life and death. 3. a deep-rooted, productive democracy in which leaders architecturally plan how a country, a continent and the world shall address HIV/AIDS. It is a democratic gain to waken each African to freedom and choice. The worthy risk is to

follow the proud tide of democracy and to not thereby seek to tame the wild dogs of freedom with lame words of simplest ABCs. This worthy risk offers the greatest recompense of hope, health and prosperity for the greatest wage of human dignity and worth.

“I am not afraid of dying but I fear being seeing to be sick”: Exploring the metaphysics of illness in Southern Africa in relation to HIV and AIDS Communication.

Keyan Tomaselli – University of KwaZulu-Natal, South Africa · tomasell@ukzn.ac.za

John-eudes Lengwe Kunda – CCMS, University of KwaZulu and London School of Hygiene, South Africa · lengwe.kunda@gmail.com

Health communication, especially to enhance the health of individuals and communities, depends on critical assumptions about the meaning of a healthy state of life. This meaning is rooted in ontological cosmological perceptions, which have ramifications on ethics, practice, and prevention and or enhancement of healthy life-styles. The dominant systems of meaning that are currently used in prevention messages build on dominantly western world-views and notions of health and illness. This neglects how indigenous communities conceptualise these realities within their respective cosmologies. For prevention messages to be effective, Southern African cosmological perceptions of personhood, health and illness must be incorporated within communication models in order to harmonise meaning and establish shared understandings. Based on a comparative analysis of research conducted in rural Zambia and South Africa, this paper is two-fold: 1. It offers a practical review of the meanings of common illnesses, especially HIV/AIDS, and how they fit in the dominant models of health. Special emphasis is placed on how metaphorical representations are taken up to reflect how corporate and social symbols are used to harmonise illness and disease with transcendental causality. 2. Abstracting from the above we offer a comprehensive view of the metaphysical realities that impact strongly on health seeking behaviours in Southern Africa. Here, we will discuss how communities mediatize the life-cycle of HIV/AIDS in two different African countries. We conclude that at the heart of any communicative action is an assumption about recipients of messages. When these assumptions pretentiously claim to represent the viewpoints of local communities due to misrepresentation and misinterpretation of metaphysical bases of meaning, then efforts at effecting change may become futile.

A critical analysis of HIV/AIDS interventions in Kenya: The case of two women’s led local organizations.

Karambu Ringera – University of Nairobi, Kenya · ringerambu@yahoo.com

My proposed presentation is an engaged critique of participation and participatory approaches to communication within the context of the HIV/AIDS epidemic with regard to women’s exclusion to the process. By exclusion I mean the deliberate lack of representation of women’s views and participation in HIV/AIDS interventions, the largest HIV/AIDS surviving population in Kenya. I posit that women’s exclusion in the HIV/AIDS response process is historically constructed and socially organized within rules and regulations that limit and enable particular identities, individual capacities, and social forms. The study provides information and in-depth description of HIV/AIDS participatory approaches by two women’s led organizations that work with women living with HIV/AIDS in Kenya. One organization’s approach demonstrates women inclusion in HIV/AIDS interventions, while the other agency’s approach shows how their approaches exclude women, the very people the organization intends to empower to participate in their healing process. This study also focuses on a self-narrative within the socio-cultural context (Ellis, 1997, Reed-Danahay, 1997) by exploring my experience as a facilitator of HIV/AIDS action in the context of Kenya with women living with HIV/AIDS. The thesis of this study is that there are socio-cultural structures, relations, and processes that drive exclusion of women from women-led HIV/AIDS intervention processes in Kenya. Women-led organizations working with women such as RI and the models of HIV/AIDS intervention they adopt, seem to be disengaged from the context on the ground. I posit that the reason for this is

that although these organizations claim participatory approaches to HIV/AIDS intervention, they operate from an ideological framework that reproduces exclusion of women and perpetuates dependency, largely because they work from a donor-focused intervention. Furthermore, they fail to provide an environment for the very critical characteristics they claim their approaches embody: participation for the women in a process that is inclusive, participatory, emancipative, and collaborative. The justification for the focus of my study lies in the fact that Kenya is one of the nations in Africa that has received the largest amount of HIV/AIDS aid money for HIV/AIDS, yet many women especially in the rural areas continue to struggle to be included and/or to benefit from the intervention programs. They struggle to have their voice heard and issues addressed, in spite of the existence of the multitude of organizations involved in HIV/AIDS work in Kenya. Most of these organizations in general, and RI specifically claim to focus on women's empowerment, stigma and discrimination reduction and inclusion in the process. Using a critical feminist approach, this study therefore examines deficiencies in current women's HIV/AIDS initiatives and approaches, by focusing on two organizations: Ripples International (RI) and International Peace Initiatives (IPI). This study is engaged and embodied, birthed by the search for moral imagination (Lederach, 2005) for my journey as a social change proactivist working with women living with HIV/AIDS in Kenya. Lederach (2005) defines moral imagination as the "capacity to imagine something rooted in the challenges of the real world yet capable of giving birth to that which does not yet exist" (p. ix).

Sham Reasoning and Pseudo-Science: Myths and Mediatization of HIV/AIDS in South Africa

Keyan Tomaselli – University of KwaZulu-Natal, South Africa · tomasell@ukzn.ac.za

A partly autobiographical account of my work in the public health communication sector backgrounds a dramatic narrative of the contesting discourses and repercussions which bedevilled policy, action and medicine with regard to HIV/AIDS interventions in South Africa. I briefly examine ex-President Thabo Mbeki's discourse of denial, the wholesale embrace by his government of sham reasoning, pseudo-science, and the normalization of highly sexualized youth imagery by a partly state-funded, donor-driven and consumer-led media campaign called loveLife. How these discourses linked to democratization, capitalist impulses, and class formation will be briefly examined. The paper will highlight the dangers of favouring AIDS solutions seeped in racial and cultural discourse over scientific ones, and calls for the country's current HIV and AIDS strategy to be 're-mediatized' in terms of its local and global representations. The idea of sham reasoning is discussed in relation to the generation of pseudo-scientific discourses. Media campaign responses contesting the loveLife approach will be discussed.

Internet Potential to Disseminate HIV/AIDS Prevention Messages among Young People from Vulnerable Sectors

Lucia Wang – , lucia.wang@huesped.org.ar

Cecilia Valeriano – Fundacion Huesped, Argentina · cecilia.valeriano@huesped.org.ar

Betiana Caceres – Fundacion Huesped, Argentina · betiana.caceres@huesped.org.ar

Mariana Vazquez – Fundacion Huesped, Argentina · mariana.vazquez@huesped.org.ar

Lucas Villalba – Fundacion Huesped, Argentina · lucasvillalbatrics@gmail.com

Background In Argentina, youth (14-24 years) represent more of 20% of the population and are greatly affected by the HIV epidemic. Youth access to information and education is limited, greatly restricting future opportunities. Therefore, the development of strategies to improve youth access to information regarding HIV/AIDS prevention is essential. Fundación Huésped is implementing an investigation-action project based on the use of Information and Communication Technologies (ICTs), an innovative strategy for the prevention of HIV/AIDS and the promotion of sexual and reproductive health (SRH) among youth. The overall objective is to familiarize youth with ICTs to reduce the digital gap. Methodology: The first phase of the initiative included a training workshop about ICTs and health with the goal to design, implement, and maintain a website for the generation and dissemination of HIV/AIDS and SRH messages. For the second stage, we decided to evaluate the impact of this web portal as

an intervention that would produce significant changes in HIV/AIDS knowledge and behaviors to those who visit the site. In order to conduct this research we relied on quantitative methods. Upon the participant's first entrance to the web portal, a questionnaire is administered in order to assess the knowledge of HIV/AIDS, forms of transmission, methods of prevention, and condom use efficacy. After a subsequent 90 days, the same questionnaire is administered again in order to evaluate any change in knowledge, attitudes, and behaviors of the participants. Results: The beneficiaries of the initiative are the 20 youth promoters who participated in the first workshop and are responsible for website maintenance, 300 adolescents/youth who are members of various organizations composing the JLU network, and all the users benefiting from website services. The website and blogs are created by and for youth and therefore contain contents and language appropriate for youth, and promote the use of free online programs to create materials (videos, contests, games, etc). By the end of this project, 200 pre-visit and post-visit questionnaires will have been administered and their results will be compared. Conclusions: In a technological society, access to information assures future opportunities; therefore, it is necessary to develop and implement innovative strategies among youth to promote their health and well being through information access. There is a strong demonstrated connection between youth and ICTs, especially the Internet, and these tools can constitute a powerful means of inclusion and social development. In this way, the project is an opportunity to allow for youth involvement in these technological channels to offer information and orientation and to produce and spread messages about the promotion of SRH and prevention of HIV/AIDS.

A structural approach towards HIV/AIDS prevention: Examining the Sonagachi Project, a community oriented peer outreach initiative among sex workers in Calcutta, India

Satarupa Dasgupta – Temple University, United States · satarupa@temple.edu

Structural approach to HIV/AIDS prevention has received considerable recognition in health communication research. Structural factors such as social, cultural, economic, organizational, legal or policy aspects of the environment can impact infection incidence in case of HIV/AIDS. Broader structural features such as economic conditions and gender inequity can affect individual behavior and directly impact HIV/AIDS risk i.e. the probability that someone will contract HIV/AIDS and vulnerability which is marked by societal context that affects an individual's ability to control health outcomes. The current paper analyzes the successful utilization of a structural approach in HIV/AIDS prevention in an intervention project among sex workers in Eastern India. The Sonagachi Project is a community-based HIV/AIDS intervention program undertaken in a red light district of Calcutta, India. The Sonagachi Project operates as a peer outreach and participation based communication intervention program spearheaded by the sex workers themselves in one of the biggest red light areas of Asia. The project utilizes participation based communication intervention that is undertaken at three concurrent levels—community, group and individual. At the community level, the STDs and HIV/AIDS incidence is defined as a problem for the entire local community and its mitigation is articulated as the responsibility of all members. At the group intervention level, the sex workers are mobilized as peer outreach workers. The latter are given requisite training to serve as sources of preventive health information and knowledge of safe sexual practices among their colleagues. At the individual level, the intervention entails the empowerment of the individual sex worker in multiple ways. The original aim of the project was to disseminate awareness information about STDs and HIV/AIDS among sex workers, and arrest the infection incidence among the latter population. However additional outcomes were achieved along with the targeted outcomes. A HIV/AIDS infection incidence of 10% has been achieved which is significantly lower than 50% to 90% among similar red light areas in India. The usage of condoms among sex workers also improved from 3% to 90% during implementation of the project. Few of the additional outcomes of the project include the attainment of healthcare facilities for the sex workers and their children, creation of literacy programs and vocational training centers for the latter, and unionizing of the sex workers. The current paper intends to analyze the structural approach towards HIV/AIDS prevention adopted by the Sonagachi project. While the project could not remove distal determinants of sex workers' disempowerment such as gender inequity

and social ostracization, a structural approach at a local proximal level was successfully achieved by mobilizing and empowering the sex workers.

Impact of HIV/AIDS on women's lives in Malaysia

Yoke Lim Khor – Universiti Sains Malaysia, Malaysia · ylkhor@usm.my

Gerald Goh – Malaysia Multimedia University, Malaysia · gggoh@mmu.edu.my

Hamidah Abd Hamid – Universiti Sains Malaysia, Malaysia · hamidah@usm.my

Rohani Hashim – Universiti Sains Malaysia, Malaysia · rohani@usm.my

Bhavani Ramasamy – Universiti Sains Malaysia, Malaysia · bhavani_219@hotmail.com

Impact of HIV/AIDS on women's lives in Malaysia Khor Yoke Lim , Gerald Goh , Hamidah Abd Hamid , Rohani Hashim and Bhavani Ramasamy In Malaysia, there are over 80,000 HIV reported cases in Malaysia in the year 2008 (Ministry of Health) and the fastest rate of increase is among women who have been infected by heterosexual transmission, mainly from their husbands. The rate of HIV among women has been steadily increasing from 1.2 percent of reported cases in 1990 to 8.7 percent by June 2008. In 2007, each month recorded an average of 28 housewives infected with HIV. In 2006 a nationwide survey showed that Malaysians are knowledgeable on the nature, modes of transmission and prevention of HIV and AIDS but this has not translated into safe practices. Under the patriarchal social framework, women internalize socially defined subservient roles as the 'obedient' woman, caring wife and selfless care giver. Women who are HIV-infected are expected to care for their sick husbands/partners as well as perform household labour and childcare. In addition, due to stigma and discrimination, they are also unlikely to seek support from other sources including family members, leaving them with little energy and time for self-care. Informed by Bury (1982)'s concept of biographical disruption, this paper will explore the relationship between HIV/AIDS and gender identity among Malaysian women with HIV. This qualitative paper, based on in-depth interviews with fifteen women with HIV, will discuss the effects of HIV infection on their identities as a woman, wife and mother and how they manage their illness and stigma in everyday life. Although Bury's approach has been studied in various HIV contexts such as among men's experiences (Carricaburu and Peirret, 1995) and impact on motherhood (Wison, 2007), we lack understanding of how this works among women in an Asian society with strong cultural norms that prescribe unequal and passive role for women.

Couple Testing for HIV: Evaluating Effectiveness of Educational Video

Jyotika Ramaprasad – University of Miami, United States · jyotika@miami.edu

Formative research conducted in Uganda in summer 2006 and 2007 revealed the prevalence of discordancy in HIV infection in stable partner relationships and lack of disclosure on part of the positive partner, with serious consequences for the preservation of family. If infection is passed on to the negative partner, it opens up the possibility of both parents not being able to take care of their children and of each other later in their lives. But disclosure, which could help to prevent transfer of the virus, is difficult because of the possibility of violence, abandonment, and stigma. Couple testing, however, would take the responsibility for disclosure away from the HIV positive partner and place it on the shoulders of a trained counselor who could point the couple in the right direction depending on test results and who would have prepared the couple for all possible outcomes before sending them for the test. While acceptance of discordant results and cooperative coexistence is not guaranteed, couple testing does offer a larger possibility of success. During the process of the formative research undertaken in Uganda, a participatory decision was made to produce information material to encourage couple testing. Video was selected so that literacy would not be an issue and to capitalize on the power of visuals. Several hours of footage was shot in June 2008 and 2009. The footage content was selected based on the findings of the formative research and was totally indigenous in nature. It was then edited into a 10-minute educational film using several iterations based on feedback, including comments from staffers in a Kampala-based HIV/AIDS

NGO on one version in June 2009. In November 2009, with research permissions from the relevant IRBs, the video was evaluated in two slums in Kampala, Uganda, using a pre, immediate post, and delayed post design as well as four focus groups and four in-depth interviews. The video and all evaluation protocols were translated into Buganda. The English and Buganda versions were administered to match the sample's language comfort. The experiment had about 50 participants each for the English and Buganda versions pre and immediate post tests and about 25 for the English delayed post test. Preliminary results indicate effectiveness. This paper will present the results of the evaluation, which focused not simply on knowledge, attitude and intent to behave but also on possibility of discussion and dialogue within the family and community. The paper will also discuss the challenges of conducting research in the marginalized areas of Kampala. The presentation will include a video clip. The significance of the project lies in its focus on couple testing for which sufficient information is still not available, in its indigeneity in all phases including the design of the evaluation instrument, translations (in Uganda), and data collection (by Ugandan research assistants), in the constant feedback loop during editing leading to improvements in the video, and on the large scale of the evaluation. The two NGOs that know of the project are interested in using the video.

Institutional Framework of Stigmatization on HIV & AIDS: Evidence from Health Care Settings in Gujarat, India

Satyajeet Nanda – Associate Professor, India · nsatyajeet@gmail.com

BK vidya – Sr. Research Associate, India · bkvidya@micamail.in

A. Pramanik – RA, India · aparimita.micore@micamail.in

P Krishnatray – Dean, India · pradeep.micore@micamail.in

While some previous research has identified institutional stigma as barrier to HIV / AIDS control and prevention, there is limited evidence on the disaggregated nature of the components involved in stigmatization process. Understanding it can help design specific communication interventions (modifying hospital protocols, policies, training of medical and para-medical staff, so on) for institutional settings. This study conducted 30 in-depth interviews and 5 focus group discussions with health service providers in government and private hospitals and Persons Living with HIV (PLH) who have used service from the same hospitals in a western state of India. In addition, we also observed behaviours in hospital settings. PLH reported some perceptions of health service providers as playing a major role in stigmatization such as always linking PLH to high-risk groups, equating HIV with AIDS even if person has not yet developed AIDS. Some structural components such as absence of policy guidelines for reference, elaborate precautions of clinicians (e.g. Dentist wear 3 gloves), and location of counselling centre in a solitary, dark and far place are reported to be contributory factors of stigmatization. Findings of the study are depicted in the form of a multidimensional framework which provides a more disaggregated picture of HIV related stigmatization process at the institutional level. It is observed that “Link and Phelan theory (2001)” which is an extension of Goffman's theory, describes different steps of stigmatization process such as first labelling, then linking with undesirable features and finally separation PLH from “us” as “them”. These steps closely fits to the action, perception and structural components of health care providers and hospital setting towards stigmatization of PLH. The finding of this study thus provides a critical approach to communication, exploring multi-dimensional nature of the epidemic and understanding of institutional framework of stigmatization that can be useful for designing realistic interventions for combating HIV and AIDS.

Communication for social change in Kenya: using DVD-led discussion to challenge HIV/AIDS Stigma amongst health workers

Katrina Phillips – Media and Communications Consultant, United Kingdom · phillips.katrina@gmail.com

Betty Chirchir – Public Health Consultant, Kenya · bettychirchir@yahoo.com

This paper considers a participatory communication project designed to challenge the personal and professional harm of HIV/AIDS stigma amongst health workers in Kenya. In particular, it focuses on lessons learnt in using DVD-led training as a catalyst to deep discussion, reflection and consensus on change in complex health and

social issues. TB is the most common opportunistic infection among persons living with HIV and AIDS. Current estimates place up to 59 percent of TB patients in Kenya as co-infected with HIV. Ministry of Health policy in Kenya is to cross-test for TB and HIV. The Center for Disease Control and Prevention, GAP-Kenya funded a project to encourage the uptake of cross-testing at hospitals and clinics. Kenya-based Mediae was commissioned by Danya International to develop the communication strategy and media materials. Initial situation analysis research presented at a stakeholder meeting revealed two key points. Firstly, a confident health worker aware of his or her own HIV status is far more successful when counselling patients to test for HIV or TB. Secondly, there was considerable stigma about HIV/AIDS amongst health workers to the extent that many did not know their own status or if positive, would not seek treatment. The stakeholders agreed that health workers (and by extension their families and patients) would become the primary target group of the communication strategy; with the objectives of improving their own health, their confidence at work and their professional communication skills, ultimately leading to increased uptake in cross-testing for TB and HIV. Media use included a storyline in Makutano Junction, a Kenyan weekly television drama series reaching 6.5 million viewers; local radio call-in programmes with experts in studio responding to listeners; SMS numbers for audiences seeking further information; and DVD-led awareness training for health workers. The DVDs featured clips from the drama series and specifically scripted scenarios, interviews with health workers and patients, together with a handbook for each group session participant to take away. The DVD works as a catalyst, leading group discussion through experiences of HIV stigma, discrimination, testing, disclosure and communication skills. It is an interactive and participatory form of group communication, leading to a commitment to change that is owned by the participants themselves. 790 health workers participated in 31, 4 hour training sessions. Before-and-after surveys and end-of-session evaluations were conducted. The drama and interviews with fellow professionals were perceived as revealing and thought-provoking by the health worker participants, for some of whom this was the first time they had discussed the issue of testing or their own HIV status with colleagues. This paper explores the effectiveness and potential of using DVD-led discussion in communication for social change, tackling a complex issue such as stigma in a way that challenged the silence around it and led to open agreement of the need to change. It also calls for greater recognition of the value of funding longer-term impact evaluation of communication projects.

Targeting mature women in a Brazilian anti-HIV battle: A case study of the campaign Bloco da Mulher Madura, 2009

Raquel Coutinho – Cedeplar / UFMG, Demography Department, Brazil · quelzanatta@yahoo.ca

Paula Miranda-Ribeiro – Cedeplar / UFMG, Demography Department, Brazil · paula@cedepar.ufmg.br

The Brazilian Health System has a long history of campaigns dedicated to the prevention of HIV and to the reduction of stigma and prejudice related to the sick person. Recognized worldwide as successful and used as examples for many countries, these campaigns promote human rights, offer information, teach about protection, and try to boost self-esteem. Along with them are actions performed by the Ministry of Health, such as free distribution of antiretroviral therapy. Since the mid 1990s, a great and fast dissemination of the cases of HIV/Aids among women has been observed in Brazil. Women in unions and over 50 years old have had the highest rates of infection. In 2009, for the first time, a national campaign targeted mature women – those 50 years-old and above. The campaign, entitled “Carnival 2009: sex doesn’t have an age to end. Protection neither”, was presented to the population in the form of video, jingle and spot for radio, folder, t-shirt, banner, billboard, bandana, condom packet, and paper fan. This paper focuses on mature women in Brazil and has three objectives. First, it aims at analyzing the production of the campaign “Bloco da Mulher Madura” (Group of the Mature Women, in reference to the Carnival Parade) regarding its contents, characters, visual and textual elements, and choice of words. Second, it compares the campaign to opinions of mature women with respect to the risk of getting infected, the negotiation of condom use, and their suggestions for effective campaigns. Data come from qualitative interviews in the project “Comparação de perfis e percepções de vulnerabilidade de mulheres negras e brancas ao HIV/Aids em Belo Horizonte e Recife”, conducted by Cedeplar/UFMG and funded by the Ministry of Health/UNESCO. Third, using logistic regression, it predicts the probability that a mature

woman has used condom in her last sexual intercourse, according to her socio-demographic characteristics, based on data from SRSR, (Reproductive Health, Sexuality and Race/Skin Color), a survey conducted in 2002 in two state capitals of Brazil. Results show that the print media campaign was remarkable for teaching methods of prevention which are important for mature women, a pre-aids generation, such as how to use the masculine and female condoms and lubricants, and how to deal with sexuality after menopause, being a great contribution to enhance gender equality and an important attempt to call women 's attention and empower them, so they feel able to request a condom without shame. However, the video and radio campaigns did not bring many of the elements that qualitative interviews and logistic regression have revealed as necessary. For example, they did not encourage the women to get tested periodically against HIV, and more important, they did not inform that the most vulnerable women are the ones in stable relationships. More effective campaigns should serve as a script to improve dialogue between sexual partners so that they can plan strategies for self-protection in case they have an extramarital relationship, which is the leading cause to the spread of HIV to women in general.

The Information superhighway and the new public sphere: Opportunities for HIV/AIDS communication and improved citizen participation in Zimbabwe.

Innocent Yekeye – Midlands State University, Zimbabwe · innocentyekeye@gmail.com

Zimbabwe has one of the highest HIV prevalence rates in the world (13.7%). Various efforts have been made towards prevention, mitigation and lately treatment and care. Although the role of communication in the national response has been acknowledged in national documents, the practice of communication in the response has been ineffective at best and non-existent at worst. Communication efforts, (TV and Radio adverts, Billboards and interpersonal communication) have focused on Abstinence, Be Faithful to one uninfected partner and correct and consistent condom use (ABC) without adequate research on the socio economic and cultural dynamics that increase the probability of HIV infection. Furthermore, effective communication was constrained by the restrictive political regime while cultural barriers provided challenges in communicating issues like Multiple Sexual Partnerships. Communication is largely one directional with programmers identifying information gaps, designing messages and choosing the medium for dissemination. Inadequate Monitoring and Evaluation systems and the general challenges of quantifying the influence of communication interventions posed further challenges. Limited citizen participation, politically obsessed dissemination channels as well as low levels of creativity in conceptualizing and packaging HIV/AIDS communication messages led to a widening gap between knowledge levels and behavior change. This paper focuses on the pioneering work of Partners Zimbabwe; an eforum on health which has provides an autonomous, modern day "public sphere" where participants share ideas as well as facts on HIV/AIDS. Experts moderate the discussions but forumites can start discussions on any HIV/AIDS issues of their choice. Besides providing a platform for conversation and sharing of vital HIV/AIDS information, PartnersZimbabwe has enabled various programmers to share information and explore linkages while allowing citizens access to space, which they would not be allowed access in the conventionalized communication spheres like national television and radio. The paper draws from my experiences as a student, a forumite for Partners Zimbabwe as well as my work as a social development consultant with an interest in Public Health particularly HIV/AIDS

PICTURES OF OTHERNESS – LIVING WITH HIV/AIDS (Photography and text project)

Pat Griffin – University of Ulster, United Kingdom · pa.griffin@ulster.ac.uk

This paper aims to examine the value of a collaborative/participatory approach in relation to an ongoing photography and text project exploring the everyday impact of living with HIV/AIDS in Northern Ireland. In difficult times "...groups of 'ordinary' people have sometimes reached for art as a means to express the experiences they are going through." (Brett,1987) Drawing on the work of Paulo Friere (1996), this project focuses on the

perspectives of the 'ordinary' person. Through the photographs and accompanying texts produced by the participants, the portrait of each participant produced by the artist/facilitator, and the reflection of both on the creative process, a series of narratives have developed exposing the everyday impact of living with HIV/AIDS - narratives which have frequently been invisible, unheard, ignored and/or dismissed. This paper discusses the key theoretical and practice-based issues that have evolved from the research – What is the role of, and the relationship between, the artist/facilitator and participant/s? Central to this project is an emphasis on the subject as the main producer of the visual narrative - a challenge to the traditional hierarchical relationship between researcher and the subject. Who can be a participant? Someone living with HIV/AIDS has a distinct perspective from someone who is caring for someone, as does the Doctor that treats the individual with HIV/AIDS, and the young person who has been told they are in a high-risk category. The aim of the project is to include a range of perspectives. How can the need for anonymity be addressed? Stigma, ignorance and fear still surround HIV/AIDS. This creates the added challenge of maintaining the anonymity of the majority of the participants. Portraits become sites of contradiction, negotiation and scrutiny – visually portraying someone while at the same time removing all remnants of identity. What is the value of the visual image in research? Images have the power to influence social consciousness – to confirm or challenge the construction of attitudes and dominant ideologies. Weber (2008) suggests that the visual image can be a "...multilayered theoretical statement, simultaneously positing even contradictory propositions... pointing to the fuzziness of logic and the complex even paradoxical nature of particular human experience." Visual representations of HIV/AIDS in the 'West' have changed since the early eighties, which witnessed all visual forms of media - film, photography, art etc. engage in creating images. Today, these images have been replaced - HIV/AIDS has been relegated to a number of African, Asian and poorer Eastern European communities - stressing the notion of 'otherness'. The fading images of HIV/AIDS in the Western media can be attributed to the advances in medical care causing a shift (in the West) from - 'dying from...' to 'living with...' The difficulty with this cultural invisibility is that HIV/AIDS has not gone away. Each year in Northern Ireland recorded cases of HIV are on the increase.

Critiquing assumptions in Communication and HIV prevention – searching for new conceptual frameworks

Marjan de Bruin – University of the West Indies, Jamaica · marjandebuin@gmail.com

Background and rationale: Experts in the field of Communication and Behaviour Change in the context of HIV prevention have, for more than a decade, been in search of a more relevant conceptual framework. Several authors have criticized the traditional approaches and are trying to develop alternatives (Airhihenbuwa et al. 1999; Deane 2004; Hemer & Tufte 2005; Melkote 2003; Parker 2004; Scalway 2003; Skuse & Powers 2005; Waisbord 2005). In spite of these efforts, many of the current approaches in Communication for Behaviour Change are still guided by the firmly rooted buzzwords of Information and Education, using functionalist behaviouralist approaches. There is no systematic review available which tries to understand where this framework may have come from and what caused it to be so persistent in policy and practice. During the latest decade when academic critiques begin to agree on 'Communication for Social and Behaviour Change', the absence of a new conceptual framework seems urgent, especially to address "the societal drivers of the epidemic". Focus: This paper is a global historical review of documented HIV prevention responses – models and policies – from the early 80s up to the current times (2010) in an effort to understand the persistence of the still popular and clearly dated approaches often limited in their conceptualisation of working with 'communication'. The author differentiates various phases, based on the developments of thinking in prevention and prevention policy – both of which have been heavily influenced by global partners, such as WHO, the Global Programme on AIDS (GPA) and UNAIDS. After this historical review, which identifies changes in thinking and models, the author will indicate possible new directions, using insights from Latour and DeLanda. The paper distinguishes the early years (1981-1986) in which prevention thinking is dominated by biomedical questions and 'communication' is seen as the equivalent of 'information and public awareness', relying on magic bullet thinking and diffusion of innovation approaches. It identifies a second phase (1987 – 1993) taking us through the global efforts of international commitment; encouraging the development of national strategic plans; supposedly widening scope

and focus – it outlines the conceptualization of ‘communication’ to fit this development in prevention. It indicates the beginning of a third phase (1994 to 1999) when a re-alignment of global leadership is taking place with the effort to work through ‘integrated programming’ with an emphasis on individual behaviour change and the redefinition of HIV and AIDS. In this period we see the emergence of critiquing Communication as too narrowly designed and too much individually leveled, leading us into a search for ‘the social’. This ‘social’, by itself, seems to be a concept with many different meanings, making the search for it also a source of confusion. This paper will elaborate on the usefulness of actor-network theory and assemblage theory in understanding the development of HIV prevention approaches and the role of communication. References Airhihenbuwa, C.O., Makinwa, B., Frith, M., & Obregon, R. (1999). *Communications Framework for HIV/AIDS – A New Direction*. Geneva, Switzerland: UNAIDS. Deane, J. (2004). *The Context of Communication for Development*. Report 9th United Nations Roundtable on Communication for Development, 6 - 9 September. Rome, Italy: FAO. DeLanda, M. (2006). *A new Philosophy of Society; Assemblage Theory and Social Complexity*. London: Continuum. Melkote, S. R. (2003). *Theories of Development Communication*. In B. Mody (Ed.), *International and Development Communication – A 21st-Century Perspective*. Thousand Oaks, London, New Delhi: Sage. Latour, B. (2005). *Reassembling the Social – An Introduction to Actor-Network Theory*. Oxford: University Press. Parker, W. (2004). *Rethinking conceptual approaches to behaviour change: The importance of context*. South Africa. Scalway, T. (2003). *Missing the message? 20 years of learning from HIV/AIDS*. London: PANOS. Skuse, A., & Power, F. (2005). *AIDS Communication. Information and Communication for Development*. London, UK: Department for International Development. Tufte, T., & Hemert, O. (Eds.), *Media & Glocal Change; Rethinking Communication for Development* (pp. 105–119). Goteborg: Goteborg: CLASCO and NORDICOM. Waisbord, S. (2005). *Five key ideas: coincidences and challenges in development communication*. In O. Hemer & T. Tufte (Eds.), *Media & Glocal Change; Rethinking Communication for Development* (pp. 77–90.). Goteborg: CLASCO and NORDICOM. NOTE: This abstract is not entirely new. It was, in a slightly different version, submitted to the IAMCR Mexico Conference 2009. However, due to family circumstances I had to withdraw from the Conference and was unable to develop the Abstract any further. It has not been used before Braga.

A replicable model for participatory communication: Zimbabwean experiences of the STEPS youth Documentary project

Darlington Muyambwa – SAYWHAT, Zimbabwe · darlington@saywhat.org.zw

The STEPS project introduced a youth focus to its documentary production after realising how youths of ages 15-24 remain most at risk of the HIV pandemic whilst they remain audiences of media products. The project which to-date has worked with youth groups and organisation from Zambia, Botswana, Tanzania and Zimbabwe among other African countries has managed to create empowering documentaries that appreciates meaningful youth participation throughout the project cycle. The STEPS methodology departs from what Tufte (2005) defines as the first generation of edutainment that borrows from the diffusion model where it is the end product that is perceived to be ‘a magic bullet’ that is effective in marketing behaviour to the youth audience. Instead the methodology is centred on participatory communication as it empowers youths through skills building, participatory workshops and shooting, allowing them to tell their own stories. With the STEPS methodology it is not only the documentary that marks the end of youth participation but youths are also supported to facilitate discussions inspired by the documentaries and eventually evaluate other projects from other countries. STEPS documentaries have been able to articulate youth participation, especially of marginalised groups such as Youth living with HIV who have not been exposed to alternative mediums to communicate their ordeal. This paper explores the STEPS methodology, in particular the Zimbabwean documentary *Tariro/Hope* which was developed by the National Young People’s Network with support from STEPS. The paper relooks at participatory communication in contrast with the effects tradition where communication is packaged by experts for the “beneficiary”, using behavioural marketing models as is obtained in orthodox developmental documentaries. On the other hand the STEPS model shall be explored as an effective model for youth empowerment and transformation as it is founded on the fundamentals of participation. The model shall be linked to the rights

based approach as it allows communication to fall within the realm of youth who are sidelined in mainstream media through capacity building, participatory mentorships and mobile screenings that targets youths from marginalised communities. Overall, the paper shall focus on lessons learnt through the implementation of the STEPS project in Zimbabwe's ten provinces and provide significant insights into how this model can be replicated in other countries' HIV responses for young people whose culture values Film as a mode for effective communication. Notes: 1. STEPS- Social Transformation and Empowerment Project, is a South African initiatives that uses film as mode to inspire discussions aimed on social transformation and empowerment 2. The National Young People's Network (NYPNHA) is a multi-sectoral network of young people whose role is to ensure that there is a coordinated response to HIV & AIDS for young people in the country 3. Decades into the pandemic there is no single media campaign on positive living for youths that has been casted on ZTV- the sole broadcaster in the country, although half of all new infections occur amongst those aged 10- 24

Use of Multi-media Campaigns to Overcome Resistance to HIV/AIDS Testing and Treatment: Some Evidence for Health Communication

Gita Bamezai – Indian Institute of Mass Communication, India · gitabamezai@gmail.com

Best health communication practices aim to help policy planners achieve their goals to generate demand for preventive healthcare services. High levels of exposure to messages, prompting an action through a variety of channels, may communicate an implicit social acceptance and expectation about a behavior. This paper examines the impact of HIV/AIDS multi-media campaigns through TV, newspaper, radio, bill-boards and hoardings for generating awareness and motivating action for voluntary testing among the high-risk and vulnerable groups in high HIV prevalence states in India. The paper provides a comparative study of effectiveness of multi-media strategy as against a single strategy for creating motivation for action. Mass-Media strategy was evaluated for its effectiveness in providing complete and correct information on spread and symptoms of HIV/AIDS, prevention issues, reduction in stigma and discrimination and motivation for testing at ICTCs. The Five combinations of media types: (i) TV only (ii) TV and Newspaper, (iii) TV and Radio, (iv) TV, Radio, and Newspaper, and (v) TV, Radio, Newspapers, and Posters & Hoardings in the vicinity and in hospitals were evaluated. Higher cumulative effect was found on awareness and motivation through use of mass media and outdoor-media (like hoardings & posters) in and around hospitals. Hospitals provide not only a physical but also a psychological environment for people to receive information readily. Outdoor media with-in the hospital-setting not only provide a cue for 'association' of information but also act as a 'trigger' to motivate individuals for further action. The interpersonal communication channels in the urban setting prove less dynamic in reducing high degree of association of stigma and discrimination at the first level because attenuation of various myths and misconceptions require more exposure in the public domain. Use of hoardings and bill-boards helps people to accept information without the inhibition associated with closed and confined social networks. Multistage sampling method was used to draw samples from the population located in urban and semi-urban areas in each of the three states. Respondents from these sites were exposed to a multi-media campaign to provide motivation for testing at ICTCs and reduction in associated risks of stigma and discrimination. Application of an 'after-effect design' methodology showed that a combination of various media, with a 'trigger factor', provided retention-effect and cue for an action for testing, reduced stigma and discrimination, and higher awareness of preventive healthcare.

Knowledge is only powerful, if implemented.

Katya May – Griffith University, Australia · k.may@griffith.edu.au

Issues: Australia has a history of innovative approaches to HIV prevention. Notable communication approaches included the controversial 'Grim Reaper campaign' in the early years of the epidemic to the current advertising of the Same Sex Law Reforms. New public health theories are regularly added to Australia's National and State HIV

prevention strategies. Despite these efforts, Australia has seen a steady rise in new cases of HIV since 1999. Description: In the state of Queensland, a theory-based policy evaluation of the state's current HIV prevention strategy was conducted. Queensland's HIV prevention strategy was evaluated against the communications framework for HIV/AIDS from the UNAIDS; as well as the social determinants of health framework from the WHO's Commission on the Social Determinants of Health (CSDH). Lessons Learned: The evaluation revealed that communication for social change methods addressing upstream determinants of health were not included in the state HIV prevention strategy. The evaluation also revealed some upstream determinants of HIV risk behaviour that are not addressed, for example social exclusion. Lastly, the evaluation brought to light that funding continues to occur in a silo or vertical manner, which conflicts with the recommendations to use a horizontal or integrated approach to HIV prevention. Recommendations: Queensland's HIV prevention strategy would benefit from the inclusion of communication for social change strategies. In particular, strategies addressing the upstream interdisciplinary determinants of HIV risky behaviour. One example is the lack of communication interventions that target the social norms of heterosexism and social exclusion of the Most-at-Risk populations.

Challenges and shortcomings of policy in HIV and AIDS communication: the case of Botswana

jabulani sithole – University of Botswana, Botswana · jabulani.sithole@mopipi.ub.bw

Euna Lhee – American International Health Alliance ; Media Institute of Southern Africa (MISA), Botswana · eunalhee@gmail.com

Background Botswana has the second highest HIV prevalence rate in the world. In a five-year period, the HIV prevalence rate increased from 17.1 per cent to 17.6 per cent in the 15-49-year age group, according to the 2009 Botswana Impact Survey (BAIS) III. Despite this gloomy scenario, the government of Botswana has been pro-active in combating the diverse challenges posed by the epidemic, being the first country to provide antiretroviral therapy (ART) to its citizens living with HIV. However challenges in policy remain in achieving zero new infections by 2016 - set by the national HIV and AIDS strategy and in communicating HIV and AIDS issues to the public. Purpose The paper will explore how policy gaps have adversely affected HIV and AIDS research and communication in Botswana. Approach - Review and critique of policies and acts - Interviews with experts - Review of HIV communications, such as prevention campaigns by the government, non-governmental organizations and the media Findings - Communication of HIV is not addressed by the current policy framework. - Recent regulatory laws make the communication of HIV more difficult than in the past. Recommendations - Need for review of existing policies and recommendations of new policies - Adoption of a law on HIV and AIDS addressing communication aspects, such as the SADC Parliamentary Forum Model Law on HIV Research Limitations Further study is needed on the impact of policy on HIV communications in the SADC region, in order to provide a comparative analysis and a broader context of the situation. Originality and Value The analysis includes the most current policies and HIV communications strategies from the previous year. It will inform policy makers in addressing policy gaps and will also empower communicators to lobby for policy change.

Behaviour Change Communication Strategies in HIV Prevention, A View From Below: The Case of Female Adolescent Students in Zimbabwe

Sipikelelo Mugari – Counsellor, MSF, Gweru Project, Zimbabwe · sipikelelo@yahoo.com

Recent epidemiological estimates show that adolescents in Sub-Saharan Africa account for the greatest number of new HIV infections. They account for half of the five million new cases of HIV infection worldwide, (<http://unfpa.org/swp/2008/english/ch3/index>). It is estimated that 6, 000 adolescents a day become infected with HIV and of these the majority are female adolescents. Research has already established that because of their biological nature, females are more susceptible to HIV infection when compared to their male counterparts. In Sub Saharan Africa the 15 – 19 female adolescent age group accounts for two thirds of all new HIV infections

among youths, (UNFPA 2003). It is my thesis in this discussion that HIV prevention models, the abstain or delay onset of sexual activities, avoid multiple partners by being faithful to one partner and the correct and consistent use of condoms, (ABC) model have not been very effective and that new approaches that put the initiative in the hands of the most affected group the females be explored. Gupta and Weiss for example noted that 'many women have complied with their expected roles- have married early, become mothers , and remain faithful to their spouses' but still become infected with HIV, with even higher prevalence in those adolescents marrying early than their peers who are sexually active but not married. This therefore calls for more than just advocating for the ABC but looking at the root causes or obstacles that make it difficult for these adolescents to be more assertive and thus practice HIV preventive sexual behaviours. It is high time that HIV preventive programs 'listened' more than they talked down to the most vulnerable groups – young females. This paper is based on a survey which focused on urban school going female adolescents from six schools in the Midlands province in Zimbabwe where 30 respondents were randomly selected from each school sought to understand their knowledge of HIV/AIDS, their attitude towards HIV Prevention and tally this with their sexual behavior to determine barriers to HIV preventive sexual behaviour. The findings generally point to the fact that female adolescents have no power to translate the ABC model to preventive behaviours particularly on their sexual debut. They are left to rely on the goodness of their male sexual partners' hearts and this raises questions about the citizenship status of women in social programs that affect their lives, such as behaviour change communication strategies like the ABC model that continue to marginalize them.

Ugandan print media's ambivalent approach to homosexuality, implications for HIV/AIDS awareness

Cecilia Strand— Uppsala University, Sweden · cecilia.strand@im.uu.se

In 37 African countries same sex relations between men are illegal and in four it can potentially carry the death penalty. With an adoption of a draft "Anti-homosexuality bill", Uganda would become one of the most dangerous countries for homosexual and transgendered individuals. Besides, proposing the death penalty for the crime of "aggravated homosexuality", and life imprisonment for homosexual behavior, the bill attempts to criminalize publishing of information or providing funds for organizations working with lesbian, gay, bisexual and transgendered (LGBT) issues. Providing HIV -prevention information and safer sex education to individuals engaging in same -sex practices, would hence become illegal. In addition, the bill attempts to establish a system of mandatory reporting of homosexual. The section "Failure to disclose the offence" states that if someone knows of individuals engaging in homosexuality, that person is required by law to report them to the police within 24 hours or face fines and/or up to a three year prison sentence themselves. Various key actors have actively used mass media to campaign and attempt to control how homosexuality in the Ugandan context and the bill is to be understood by the public. The following paper is based on a content analysis between 14th of October to 31st of December 2009 of two dailies; the government controlled New Vision and the main independent paper the Daily Monitor. The content analysis reveals significant differences between the government and main independent newspapers' frequency and framing of the issue. While the Government controlled New Vision takes an editorial decision from November to refrain to cover LGBT issues and the bill, the Daily Monitor increases its coverage fourfold. Moreover, the two dailies display significant differences in terms of publishing criticism of the bill, where the independent paper is allowing far more critical voices to be heard. Nevertheless, both papers exclude the voices of individuals engaged in same sex relations and effectively strip them of other identities besides that of their sexuality. As an faceless and voiceless entities they are often portrayed as immoral sinners and a danger to Ugandan culture and society. In particular they are framed as threat against children. Moreover, despite Ugandan civil society's several attempts to frame the proposed bill in relation to HIV/AIDS, both papers fail to cover the potential devastating effects on effective HIV prevention. Failure to gain access to media space results in silence around the law's public health implications for all Ugandans in a time where HIV prevalence rates are again increasing.

Using participatory approaches as part of Intervention Mapping to develop a cultural sensitive comprehensive sexuality education program: the example of The World Starts With Me in Uganda

Liesbeth Rijdsdijk – , Netherlands · E.Rijdsdijk@windesheim.nl

In 2003, the computer-based sexuality education programme the World Starts With Me (WSWM) was developed by the World Population Foundation (WPF), Schoolnet Uganda (SNU) and Butterfly Works. WSWM is a comprehensive programme on sexual reproductive health and rights and comprises 14 lessons aimed at secondary school students aged 12 to 20 years. The programme makes use of digital peer educators (David and Rose) who deliver all information and discussion points. WSWM can also be implemented without computers, using a manual. The programme was developed based on a local needs assessment and situation analysis and on reviewing existing sexuality education programmes implemented in countries across Sub-Saharan Africa and Asia. A comprehensive participatory consultation process, involving local NGO (implementing agency), Ugandan youth, teachers, health workers and artists, played a crucial role in the development of the programme. The consultation process is regarded as part of the broader approach of Intervention Mapping (IM). IM describes the process of health promotion programme development in six steps, whereby choices are made based on a combination of empirical evidence, theoretical notions and data from the target group. It provides guidelines and tools for the selection of theoretical foundations and underpinnings of health promotion programmes, for the application of theory, and for the translation of theory in actual programme materials and activities. This paper will present how stakeholders are involved in different phases of IM and it will show the importance of these participatory approach. If executed correctly, IM enables to identify in an early stage the need to incorporate for instance advocacy at a local level as an element in the intervention. The role and need for participatory approaches will be exemplified by using the results from the WSWM process evaluation study conducted in 2008. The paper discusses the main implications of the evaluation for the improvement of the programme in the next phase.

“Speaking the truth”: The role and positioning of the communicator in HIV/AIDS communication interventions

Sarah Cardey – University of Reading, United Kingdom · s.p.cardey@reading.ac.uk

Since its emergence over twenty years ago, HIV/AIDS epidemic has become a major international challenge. HIV/AIDS communication efforts have, and continue to, foster processes of change that enable people to better protect themselves against the disease. However, the communication processes involved in these efforts need to be continually examined in order to engage in a critical communication response to the disease. One element of this critical reflection needs to involve the communicators themselves. Contrary to early assumptions about the media in development, communication channels and media are not neutral forces, in terms of how they are read (culturally), how they operate or in terms of the historical context in which they are embedded (Fardon and Furniss, 2000; Fuglesang, 1982; Kellow and Steeves, 1988). Similarly, it is also important to understand the significance a communication channel or media will hold for different cultures. The meaning of different forms of media will differ depending on the context. This is important in understanding how messages and communication interventions are culturally understood, as the cultural significance of the medium itself can be as important as the content of communication (McLuhan, 1964). As McLuhan (1964: 8) writes, “the ‘message’ of any medium or technology is the change of scale or pace or pattern that it introduces into human affairs”. Currently, in HIV communication, this is a point of weakness: Tufte (2006) outlines a discrepancy between the content of communication, the language used to communicate (he identifies areas such as genre, aesthetics, format and language) and the experiences of the audiences. At the intersection of this discrepancy is the positioning of the communicator. Indeed, if the medium is the message, than the role of the communicator as a ‘language’ in HIV/AIDS communication needs to be interrogated. This paper will explore findings of which explored the assumptions, beliefs and applications of communication in HIV/AIDS care, support, treatment and prevention by

three organizations in Kampala, Uganda. Findings indicate that for the organizations involved in the study, the personal characteristics of the communicator are a vital part of the communication process: their experiences, attitudes and background are important considerations which will affect the success or failure of the intervention. Indeed, the personal characteristics, experience and credibility of the communicator can be just as important as what is being communicated. The importance of the role of the communicator raises questions for HIV/AIDS communication theory and practice: what does it mean to be a communicator? Rather than being tool and message driven, study findings suggest a need to better understand and articulate what it means to be a communicator. This paper draws upon findings from the case studies in Uganda to explore the nature of the communicator within HIV/AIDS communication. Findings will be framed by discussions of the nature of the communicator in development communication interventions, such as those articulated by Bordenave (1977), Fuglesang (1972; 1982), Gumucio-Dagron (no date) and communication for social change thinking. It will include reflections on HIV/AIDS communication theory and raise questions for HIV/AIDS communication practice.

BORDENAVE, J. D. 1977. *Communication and Rural Development*, Paris, UNESCO. FARDON, R. & FURNISS, G. 2000. *African Broadcast Cultures: Radio in transition*, Oxford, James Currey Publishers. FUGELSANG, A. 1982. *About understanding : ideas and observations on cross-cultural communication*, Uppsala, Dag Hammarskjöld Foundation. GUMUCIO DAGRON, A. *The New Communicator*. KELLOW, C. I. & STEEVES, L. 1998. The role of radio in the Rwandan genocide. *Journal of Communication*, Summer 1998, 107-128. MCLUHAN, M. 1964. *Understanding Media*, London, Routledge & Kegan Paul Ltd. TUFTE, T. 2006. Back in the trenches? Urgent call to reinvigorate HIV/AIDS communication for prevention. In: HEMER, O. & TUFTE, T. (eds.) *Communication for Social Change Anthology: Historical and Contemporary Readings*. South Orange, New Jersey: Communication for Social Change Consortium.

Community-Based Participatory Approach to Health Literacy and HIV/AIDS Prevention: Evaluating the Service Learning Component

Nancy Muturi – , Kenya · nmuturi@ksu.edu

Soontae An – Kansas State University, United States · soontae@ksu.edu

Samuel Mwangi – Kansas State University, United States · scmwangi@ksu.edu

HIV/AIDS is one of the health catastrophes devastating global populations. While about 95% of those living with the disease are in the low- and middle-income countries, there are an increasing number of cases among poor and minority groups in higher-income countries. Ethnic minorities in the US, ethnic minorities suffer disproportionately from HIV/AIDS. African American women for example account for about two-thirds (67%) of those diagnosed with HIV while the Latinos account for 19% of all AIDS cases. Research has associated these health disparities to inadequate access to healthcare, low health literacy and the lack of behavior change due to cultural values and norms that contribute to health risks but are not adequately addressed in health communication campaigns. The complex nature of HIV/AIDS as a social, cultural and health issue, however, requires to be addressed from diverse perspectives. Community-based participatory approach is used in response to complex health issues due to its ability to incorporate culture in the communication process, engaging communities, and enabling them to aggregate their capacities to solve social problems facing them. In this approach, knowledge and societal change are literally created by interactions among stakeholders, all of who are defined as participants. With the active involvement, the role of researcher also becomes that of a facilitator and advocate. Successful community-based participatory interventions require a systematic approach that provides a framework for participants' involvement in identifying and addressing a problem from within their cultural context. It incorporates formative research, program planning and evaluation of effectiveness. Researchers, practitioners and funding agencies have, however, confronted the difficulty of monitoring these programs and evaluating their success. In particular, limited knowledge exists regarding the impact of the participatory process on the participants such as the planners and project implementers. Only few studies have evaluated the communication effects on the participants of the community-based participatory approach, besides target populations. The current study focuses on the application of a community based participatory approach to

increase health literacy among minorities in one Midwestern community in the United States. The project had a service community service learning component involving communication students in the research, planning and program implementation working directly with community partners to develop culture specific HIV/AIDS education materials. Service learning, as it has evolved, aims to provide experiences that lead to better citizenship, greater understanding of community needs, and help in solving social problems. Community organizations contribute to the learning process but also benefit from the assistance and insights and solutions that learners bring. The study examines the impact of service learning process, as part of participatory approach, on the project participants. This impact was measured through self-administered pre- and post-test surveys among about 100 project participants over a 2-year period. Participants, all enrolled in a final year capstone communication campaign course were involved in the design and implementation of the campaign. The study measured the impact of their participation on their own knowledge about HIV/AIDS; their attitudes toward the topic; and their own personal development with regard to campaign design and implementation. Participants were also asked to evaluate the participatory process and to self evaluate their extent of participation and contribution to the project and their personal development with regard to knowledge about designing and implementation of a communication campaign working directly with communities that are impacted by the problem. The paper discusses theoretical implications to the community-based participatory approach in projects that involve various participants, all with different objectives but contributing to the overall project goal. It also stresses the value of community service learning in HIV/AIDS and other health communication campaigns as a participatory and behavior change strategy for the learners.